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CONFIRMATION NO. 4063

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| <b>SERIAL NUMBER</b><br>10/643,202 | <b>FILING OR 371(c) DATE</b><br>08/18/2003<br><b>RULE</b> | <b>CLASS</b><br>434 | <b>GROUP ART UNIT</b><br>3711 | <b>ATTORNEY DOCKET NO.</b><br>14458.01 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|----------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/404,891 08/20/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 11/13/2003

**\*\* SMALL ENTITY \*\***

|                                                                                                                                                                                                                                                                                                                                                     |                               |                             |                           |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>18 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>5 |
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**TITLE**

Free fall simulator

|                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>786 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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